Early Immersion Orientation

**What is ambulatory care pharmacy practice?**

Ambulatory care pharmacy practice is the provision of direct patient care in the outpatient setting, typically in a physician or pharmacist-run clinic. Services can include comprehensive medication management (CMM), problem-focused medication management including anticoagulation management, medication reconciliation, counseling and education. Many ambulatory care pharmacists work within a collaborative practice agreement (CPA) that grants prescriptive authority of pre-specified medications, labs, immunizations, etc. The work done by pharmacists within a CPA is called collaborative drug therapy management (CDTM). In North Carolina, the clinical pharmacist practitioner (CPP) model represents our CPA. All pharmacists at MAHEC have their CPP and provide the above services.

**Rotation overview**

Early immersion learners will participate in six core learning experiences over the course of their rotation (# half-days approximate):

1. Medication reconciliation faculty clinic (3 half-days per week)
2. Pharmacotherapy clinic (2 half-days per week)
3. Consulting/Drug Info Clinic ( 1 half-day per week)
4. Didactics (1 half-day per week)
5. Teaching time (1 half-day per week)
6. Student Run Processes/Independent Learning Time (2 half-days per week)

Other Activities:

1. Book club – The Checklist Manifesto
2. Clinical Pearl for P3 Newsletter
3. Other as requested

**Medication reconciliation faculty clinic (MAHEC at Biltmore)**

*How it works:*

* Each student will be assigned to one provider for a half-day of patient care. (see calendar on wiki site for physician assignments)
* When arriving for faculty clinic:
  + Check in with Lorna Damron (Wanda Hinson, back-up) on WEST side of clinic
  + Find the MA you will be working with and introduce yourself
  + Briefly introduce yourself to the provider with whom you will be working
* Our expectations:
  + Document all of your work in the EHR
  + Get vitals (height, weight, BP) if they have not been done already
  + Goal is to get an accurate medication list
  + Write down med-related issues that need to be communicated to the provider on cards at nurses station
  + You may be rooming the patient yourself or going in after the MA rooms the patient
  + Your whole interaction with each patient should take no longer than 10 minutes
  + **Always ask the provider what he/she would like you to do and if expectations are different than above, defer to the providers requests.**
  + If you need assistance from a pharmacist, check consulting or the Clinic Rooms 4&5. Our phone numbers are also posted on the wiki site.

*What you will achieve:*

|  |  |
| --- | --- |
| **Entrustable Professional Activities (EPAs) Assessed** | |
| **EPA 1** | Review and collect pertinent medication and medical information |
| **EPA 5** | Implement a patient-centered care plan in collaboration with the care team |
| **EPA 6** | Provide medication education to patients/caregivers |
| **EPA 8** | Document clinical encounters |
| **EPA 13** | Collaborate as a member of an interprofessional team |

**Pharmacotherapy clinic (multiple locations)**

*How it works:*

* Pharmacists at MAHEC see patients independently in pharmacotherapy clinic under the CPP model.
* Students will be assigned to an attending pharmacist who will precept them
* Students should meet preceptors at their sites at 8:15am (morning clinic) or 1:15pm (afternoon clinic) to review patients prior to clinic.
* Students will perform vital signs, medication reconciliations and interview patients under the supervision of the attending pharmacist.
* Students are expected to complete the SOAP note template thoroughly and in its entirety for one patient seen in pharmacy clinic each week.

*What you will achieve:*

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| --- | --- |
| **Entrustable Professional Activities (EPAs) Assessed** | |
| **EPA 1** | Review and collect pertinent medication and medical information |
| **EPA 2** | Perform a comprehensive medication history interview |
| **EPA 3** | Prioritize and develop an assessment of patient’s medication-related problems |
| **EPA 4** | Develop a patient-centered care plan to optimize medication use |
| **EPA 6** | Provide medication education to patients/caregivers |
| **EPA 7** | Monitor response to medication therapy |
| **EPA 8** | Document clinical encounters |
| **EPA 9** | Perform general procedures of a pharmacist |
| **EPA 11** | Provide an oral presentation of a clinical encounter to a pharmacist or other health care professional |

**Student Run Processes (MAHEC at Biltmore)**

*How it works:*

* Students will be assigned to different quality improvement initiatives and projects to work on independently throughout the month

*What you will achieve:*

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| --- | --- |
| **Entrustable Professional Activities (EPAs) Assessed** | |
| **EPA 1** | Review and collect pertinent medication and medical information |
| **EPA 13** | Collaborate as a member of an interprofessional team |
| **EPA 14** | Identify system failures and contribute to a culture of safety and improvement |

**Didactics/Teaching Time (MAHEC at Biltmore)**

*How it works:*

* Students will have 5 of core topic discussions
  + What is comprehensive medication management (CMM)?
  + Diabetes
  + Anticoagulation
  + Inappropriate prescribing in geriatrics
  + Grocery store simulation
* Topic discussions can be led by PY4 students, PGY1 or PGY2 residents, or attending pharmacists.
* Readings will be provided to students prior at least one week prior to the discussion.
* Students are expected to read each of the articles in full prior to their topic discussion and come prepared to fully engage in discussion.
* Students may also participate in MAHEC Family Medicine Didactics with the medical residents and faculty once a week.

*What you will achieve:*

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| **Entrustable Professional Activities (EPAs) Assessed** | |
| **EPA 12** | Form clinical questions and retrieve evidence to advance patient care |

**Other activities (MAHEC at Biltmore):**

*Book Club:*

Students will read *The Checklist Manifesto: How to get things right* by Atul Gawande and participate in a group discussion reflecting on the reading.

**EI Competency Check List**

🞏 Vitals

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| --- | --- | --- | --- |
| **Vital Sign** | **Needs Improv** | **Achieved** | **Initials and Date** |
| Blood pressure   * Asks patient about relevant lifestyle related factors (recent exercise, caffeine, medications, usual BP) * Positions cuff correctly * Positions patient correctly (seated with both feet flat on the floor, back supported * Efficiently and accurately measures and reports BP | 🞏  🞏  🞏  🞏 | 🞏  🞏  🞏  🞏 |  |
| Heart Rate | 🞏 | 🞏 |  |
| Respiratory Rate | 🞏 | 🞏 |  |
| Height | 🞏 | 🞏 |  |
| Weight | 🞏 | 🞏 |  |

🞏 Coaguchek

|  |  |  |  |
| --- | --- | --- | --- |
| **Operation** | **Needs Improv** | **Achieved** | **Initials and Date** |
| Inserts test strip into machine to turn it on. Tightly recaps test strip vial. | 🞏 | 🞏 |  |
| Matches test strip code to code appearing on the screen. Verbalizes understanding of when to change code chip. Press “M” to prepare the strip. | 🞏 | 🞏 |  |
| Cleans patient’s finger with alcohol, allowing it to air dry. | 🞏 | 🞏 |  |
| Obtains blood sample and applies to strip appropriately. | 🞏 | 🞏 |  |
| Reviews and records result. | 🞏 | 🞏 |  |

🞏 Inhalers

|  |  |  |  |
| --- | --- | --- | --- |
| **Operation** | **Needs Improv** | **Achieved** | **Initials and Date** |
| Metered-Dose Inhalers (MDIs)   * Prime inhaler, if appropriate * Remove cap, hold inhaler upright, and shake well * Breathe out gently away from inhaler * Put mouthpiece between teeth w/o biting and close lips to form good seal * Breathe in slowly while pressing down firmly on canister * Hold breath for 5-10 seconds; remove inhaler from mouth * Breathe out gently away from inhaler * Replace cap | 🞏 | 🞏 |  |
| MDI with Spacer   * Insert inhaler upright into spacer and put spacer mouthpiece in mouth as above * Breathe out slowly into spacer * Hold spacer level and press firmly on inhaler canister * Breathe in and out normally for 3-4 breaths * Remove inhaler from spacer and recap inhaler | 🞏 | 🞏 |  |
| Dry Powder Inhalers (DPIs)   * Open cover to mouthpiece. Holding device horizontal, load dose by sliding lever until it clicks * Breathe out gently away from inhaler * Keeping device horizontal, close lips around mouthpiece forming a good seal * Breathe in steadily and deeply * Hold breath for 5-10 seconds; remove inhaler from mouth * Breathe out gently away from inhaler * Replace mouthpiece cover. | 🞏 | 🞏 |  |
| Respimat   * Turn base in direction of arrows until it clicks * Open cap until it snaps fully open * Breathe out gently away from inhaler * Close lips around mouthpiece forming a good seal (do not cover air vents) * Press dose button and at the same time breathe in slowly and deeply * Hold breath for 5-10 seconds; remove inhaler from mouth * Breathe out gently away from inhaler * Click cap shut | 🞏 | 🞏 |  |
| Handihaler   * Flip open cap and mouthpiece * Remove capsule from blister pack and place in chamber * Replace mouthpiece until it clicks * Press green piercing button once, then release (do not shake) * Breathe out gently away from inhaler * Close lips around mouthpiece forming a good seal * Breathe in slowly and deeply so capsule vibrates * Hold breath for 5-10 seconds; remove inhaler from mouth * Breathe out gently away from inhaler * Click cap shut | 🞏 | 🞏 |  |

🞏 Medication Reconciliation Process – see Medication Reconciliation Document

🞏 EHR patient case – watch the EHR training video in on the wiki page and complete survey monkey questions: <https://www.surveymonkey.com/r/G7XTS85>